

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10,813,426

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	12	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	37 minus 20 =	17
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
XS 9=		OR XS18=	306
X43=		OR X86=	
+145=		OR +290=	290
TOTAL		OR TOTAL	1366

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		OR XS18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	37	Minus	37	
Independent	1	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

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(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	12	Minus	27	
Independent	1	Minus	1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		
Independent		Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.

- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	